

Government of the District of Columbia Alcoholic Beverage Regulation Administration

MANAGER'S LICENSE RENEWAL FORM

For Official Use Only
License Period:
Initials:
Date:

MANAGER'S INFORMATION -Please indicate if any of the following have occurred since the last renewal period:

1. Please place an 'X" in the applicable box below:							
	Name Change		А	ddress Cha	nge	2. License Number:	
3. Mana	ger's Name						
1		Last				First	Middle
4. Home Address							
		Num	ber	Street	•		City/State Zip code
5. Home Telephone					6. Business Telephone		
7. If you were born outside of the United States, are you eligible to work in this country? Yes No If yes, please bring in qualifying documents and provide the information below:							
8. a. US Passport b. Naturalization papers c. Work permit d. Green card e. Visa f. Certificate number: g. Expiration date:							
9. Have you been convicted of a misdemeanor or felony since the last renewal? () yes () no If yes, attach a copy of the court disposition.							
10. Certification: I hereby certify under perjury that the information in this application and attachments are true and correct to the best of my knowledge and belief. I will also conform to all laws and regulations related to the alcohol and beverage license for which I have applied.							
Signaturi			Subscribed on this	and sworn to day		Notary Public	My commission expires on
11. In what language do you need vital documents translated?							
12. Have you attached a copy of your alcohol awareness training certificate? () yes () no Have you attached your Clean Hands Certification? () yes () no							

INSTRUCTIONS FOR FILING A RENEWAL APPLICATION FOR A MANAGER'S LICENSE APPLICATION

Your current manager's licenses will expire soon. You can renew now, please report to 941 North Capitol Street, NE, Room 2200, Washington DC 20002 between the hours of 8:30 a.m. – 3:30 p.m., Monday through Friday. We strongly encourage you to renew during the off-peak hours of 8:30 a.m. – 10:30 a.m. to avoid long lines. *Under no circumstances will anyone be processed after 3:30 pm.* The renewal fee is \$260.00 for a 2 year period. Failure to renew timely could result in a late penalty of \$50. Please read all questions carefully. Each question must be answered. All payments can be made in the form of a check or money order payable to the D.C. Treasurer, cash, or by credit card (except for American Express).

- 1. Place an "x" to indicate if there is a name or address change.
- 2. Print your license number.
- 3. Print your name (Last Name, First Name, Middle Initial).
- 4. Print your home address.
- 5. Print your home telephone number.
- 6. Print your business telephone number.
- 7. Indicate if you are eligible to work in this country.
- 8. If you responded yes to #8, check the appropriate box and attach the qualifying documentation. Also, complete (f.) and (g.) if applicable.
- 9. If you have checked yes for conviction, you must submit the court's disposition on the conviction.
- 10. Certification/Affidavit: Read, and have your signature notarized.
- 11. Indicate a specific language for translation, if applicable. If no translation is needed, indicate English?
- 12. <u>ATTACHMENTS REQUIRED:</u> The applicant must submit a copy of his or her certificate showing completion of an alcohol awareness training program within the previous 2 years from a Board approved training provider with his or her manager's license renewal application. In addition, the Clean Hands Certification must be completed and ABRA staff will verify the status.

SPECIAL NOTICE

The District of Columbia will provide appropriate auxiliary services including sign language interpreters whenever necessary to effectuate communication with members of the public who are deaf, hard of hearing or who may have other disabilities affecting communication. Please contact the ADA coordinator at (202)442-4423.

GOVERNMENT OF THE DISTRICT OF COLUMBIA ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



ALL INDIVIDUALS THAT HAVE AN OWNERSHIP INTEREST MUST COMPLETE THIS FORM.

CLEAN HANDS CERTIFICATION

FOR OFFICIAL USE ONLY
OFFICE OF TAX & REVENUE (OTR)
SIGNATURE
DATE

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 et seq.) BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.

,	(Name – Print or Type)	, as, (Applicant's Title)
certify th	at	, social security number
as of this	s date, does not owe more	than \$100.00 to the District of Columbia Government as a result of:
1.	Fines, penalties or interest assessed pursuant to the Little D.C. Official Code Sec. 8-801 <i>et seq.</i>);	er Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100;
2.		gal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117;
3.		partment of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective 2-1801.01 <i>et sea</i> .); or
4.	Past due taxes;	,,
5. 6.	Past due District of Columbia Water and Sewer Authority Traffic adjudication fines or penalties;	Service Fees;
7.		s, provided, that a reciprocity agreement is in effect between the jurisdiction and
	Fines assessed to car dealers; and	
9.	Fines assessed pursuant to the Taxicab and Limousine (Commission Establishment Amendment Act of 2004.
applying		dministration will move to revoke the license or permit for which I am ner understand that the Administration may conduct an investigation to
	stand that this Certification is required as documentati- ing this Certification, I am not guaranteed that my lice	on to accompany my application for a license or permit, and that by nse or permit will be approved.

SPECIAL NOTICE

ABC License Number

ABC Application Number

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

GOVERNMENT OF THE DISTRICT OF COLUMBIA ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



PERSONAL INFORMATION RELEASE AUTHORIZATION

*NOTE: A Information Release Authorization must be completed if you are one of the following: Sole Proprietor, Partner(s), Corporate Officers, Directors of Corporation, Managing Member(s), General Partner(s).

CAREFULLY READ THIS AUTHORIZATION TO RELEASE INFORMATION ABOUT YOU, THEN SIGN AND DATE IN INK.

I authorize any agent from the Alcoholic Beverage Regulation Administration, to obtain any information, relating to my activities, from employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments, or individuals. This information may include, but is not limited to, my residential, personal, or criminal history record and financial and credit information.

I further authorize release of my criminal history from criminal justice agencies for the purposes of determining my eligibility for a liquor license as either a licensee and/or investor. I understand that the information released is for official use by the Alcoholic Beverage Regulation Administration, and that these users may redisclose this information as authorized by law.

I release any individual, including records custodians, from all liability for damages that may result to me because of compliance, or any attempts to comply, with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates and personal representative(s) of any nature. Copies of the authorization that show my signature are as valid as the original release signed by me.

Failure to complete this form may result in delays of obtaining your license and may result in the license being denied if this information cannot otherwise be obtained.

Full Name (Print or type)		Signature			
Other Names Used (Print or ty	ype)	Social Security Number			
Current Address		Home Telephone Number	 Date		
	of perjury that the foregoing inform I Board or its employees to inves ense.				
Signature	Subscribed and sworn to before me on this day of, 20	Notary Public	My commission expires on		

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